

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	AR		02/07/00
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		10574	4-4-0

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/11/00
2	✓	✓	14/01/00
3	✓	✓	5/11/00
4	✓	✓	5/11/00
5	✓	✓	5/11/00
6	✓	✓	5/11/00
7	✓	✓	5/11/00
8	✓	✓	5/11/00
9	✓	✓	5/11/00
10	✓	✓	5/11/00
11	✓	✓	5/11/00
12	✓	✓	5/11/00
13	✓	✓	5/11/00
14	✓	✓	5/11/00
15	✓	✓	5/11/00
16	✓	✓	5/11/00
17	✓	✓	5/11/00
18	✓	✓	5/11/00
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46	✓	✓	5/11/00
47	✓	✓	5/11/00
48	✓	✓	5/11/00
49	✓	✓	5/11/00
50	✓	✓	5/11/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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